

13-40
17-39
X23159

NOV 20 1940

Registration District No. 20 Primary Registration District No. 4172

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Remmett
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 20

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Julie Jackson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Louis Jackson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 25 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace New Madrid Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Henry J. Cade

13. Birthplace N. C.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Adams

15. Birthplace Dunklin
(City, town, or county) (State or foreign country)

16. (a) Informant Charlie Jackson

(b) Address Remmett Mo

17. (a) Julie (b) Date thereof 11-11-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director County of 91

(b) Address Remmett County Lane 6

19. (a) 11-10-40 (b) Thurley Davis
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Remmett Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Barry St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10
year 1940 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 8-1, 1940 to 11-10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal TB.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Mal Nutrition

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thurley Davis (M. D. or other) _____

Address Remmett Mo Date signed 11-10-40

RECEIVED

District Health Officer No. 2

District File Number 140-171

Date Filed 11/14/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.